

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-378)

SERIAL NO.

**10/070899**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10	1						60						
11		1					61						
12							62						
13							63						
14							64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	18						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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